## ERIE COUNTY PUBLIC HEALTH LABORATORY

Clinical Center, Bldg AA 462 Grider St., Buffalo, NY 14215 (716) 898-6118

Environmental Health Laboratory Test Request Form

To be completed by Sam	pler				
Specimen Type: (circle selection)	PotableWater (drinking water)	Non-Potable	Soil Beach	Other(specify)	
Name:				Phone:	
Address:					
Source of Sample _					
Date collected:		Time:	Submitted by:		
Date Received (requi	ired):				
Type Description: (circle selection)	Surveillance, Unchloring Surveillance, Chlorinate Follow-up, Unchlorinated Follow-up, Chlorinated Special	ed <b>021</b> Monitored <b>014</b> Repeat	oring, Unchlorinated oring, Chlorinated , Unchlorinated , Chlorinated raw	012 022 016 026 027	
Chlorine Residual  Parameters:  Bacteriology Chemistry-Metals  Total coliform Fecal coliform E. coli Standard Plate Count	Chemistry-Inorgan Chemistry-Organi Chemistry-Organi Chemistry-Organi Chemistry-Inorgani Chemistry-Inorgani Chemistry-Inorgani Chemistry-Inorgani Chemistry-Inorgani Chemistry-Inorgani Chemistry-Inorgani Chemistry-Inorgani		□Alkalinity □BOD □COD □Chloride □Cyanide □Fluoride □Calcium Hard □Hardness □Nitrate □Nitrite □pH □Phosphate(ortho) □Sulfate □Turbidity	□Haloacetic Acids □THM □VOC □Oil & Grease □TPH  ness Chemistry-Inogranics- Residue: □Total Solids □Total Dissolved Solids □Total Suspended Solids □Settable Solids	
<b>Billing Information:</b> (Complete if different than above address)  Name:				Billing Code:	
Address:					
City, State, Zip:				Envrq 1/7/1	